

# Commercial Property – Quotation Schedule

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**Named Insured:** Peter2 Smith  
**Address:** 222 Main Streer ,  
Jericho , NY , 11753  
**Email:** suraj.kumar@kmg.in.com

**Insurer Name:** Acme Insurance Co.  
**Address:** 101 Mission Street, San Francisco, CA  
**Telephone:** +1 415 555 5555  
**Website:** www.socotra.com

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**09/10/2023**

**Policy Number:** 100031600  
**Product:** Commercial Property Location  
**Transaction:** Quotation  
**Period of Insurance:** 09/10/2023 to 09/9/2024

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Thank you for requesting a business insurance quote with Acme Insurance Co. Insurance. Enclosed please find the Insurance quotation for your consideration.

The quote is based on the information provided to us by you with the assistance of your intermediary. Please review the information carefully.

This quotation is valid for 30 days from the date of the quote or from the start date of the period of insurance shown above, whichever is the earlier. By accepting the quote you confirm that the information provided to us is accurate and complete.

Please be aware that this quotation shall become invalid should the prospective insured be our existing Commercial Property Client, subject to verification by our Commercial Accounts Department.

By accepting this quotation you also confirm that our privacy policy has been explained to you and you will be deemed to have consented to Acme Insurance Co. Insurance using and transferring your data as stated in the personal information collection statement which is also available at Acme Insurance Co. Insurance Website

We look forward to receiving your reply soon.

Yours sincerely,  
Commercial Accounts Department

This is a computer print-out and signature is not required.

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## Insurance Details - Quotation Schedule

<b>Named Insured &amp; Address :</b>			Peter2 Smith 222 Main Streer , Jericho , NY , 11753
<b>Form of Business :</b>			
<b>Legal Entity:</b>			Individual
<b>Nature Of Business:</b>			Finance Mortgage
<b>Construction :</b>			
<b>Property Type:</b>			Apartment Low Rise
<b>Business Established Year:</b>			0
<b>Year of the Construction:</b>			1951-2000
<b>Type of Construction:</b>			Joisted Masonry
<b>Number of Stories:</b>			10
<b>Does Property have Basement ?:</b>			Yes
<b>Area of the Property:</b>			454
<b>Security information :</b>			
<b>Security System:</b>			Yes
<b>Distance to Fire Hydrant (Feet):</b>			<100 Feet
<b>Distance from Fire Station in Miles:</b>			2-5
<b>Property Used By:</b>			Owner
<b>Producer Name :</b>			Agent Inc_P1006 Producer
<b>Insured Claim History :</b>			
<b>Claim History (Last 3 Years):</b>			No
<b>Number of Claims:</b>			
<b>Claim Amount Paid:</b>			
<b>Policy Premium:</b>			\$4805.81
<b>Taxes/Fees:</b>			\$50.35
<b>Total Policy Premium:</b>			\$4856.16

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## Coverages and Limits of Liability – General Liability:

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### Section II:

**Locations Insured under the policy:** Insurance applies to Coverages or type of property which a Limit of Liability is shown below, and then only at the premises locations for which a value for such coverages or property is shown on the Statement Of Value, or subsequently reported to and insured by us. The below listed locations are insured under this policy.

	Limit of Liability
General Aggregate Limit (Other than Products-completed Operations)	2000000
Products-completed Operations Aggregate Limit	2000000
Personal & Advertising Injury Limit	1000000
Each Occurrence	1000000
Damage to Premises Rented Limit (Any one Premises)	300000
Medical Expenses Limit (Any one person)	5000

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Form of Business :

Legal Entity:  
Nature Of Business:

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